

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 1 1944

State File No.

15725

Registration District No. 317

Primary Registration District No. 3066

Registrar's No.

953

## 1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Kirkwood, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
422 So. Geyer Rd.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution (Specify whether  
 In this community years, months or days)

3. (a) PRINT  
FULL NAMEJohn Corley.3. (b) If veteran,  
name warNo3. (c) Social Security  
No. None

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary D. Corley  
 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 16, 1876.  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 1 3 hr. min.

9. Birthplace Kirkwood, Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name John Corley Sr.

13. Birthplace Unknown Illinois  
 (City, town, or county) (State or foreign country)

14. Maiden name Catherine Vettes  
 15. Birthplace Unknown Illinois  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary D. Corley(b) Address 422 So. Geyer Rd.

17. (a) Burial (b) Date thereof April-22-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter Cem.18. (a) Signature of funeral director Jos. W. Clark(b) 1125 Hodiamont Ave.

19. (a) APR 22 1944 (b) C. G. Mc Gowan, Jr.  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
 (c) City or town Kirkwood  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 422 So. Greyer Rd.  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19  
 year 1944 hour 10.45 minute A.M.

21. I hereby certify that I attended the deceased from  
1944 to April 19  
 that I last saw him alive on April 16  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration

+ myocardial infarction  
 Due to arteriosclerosis

Due to

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations

Of autopsy

## PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
 (b) Date of occurrence  
 (c) Where did injury occur? (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place)  
 (c) Means of injury

23. Signature W. Alexander Smith (M. D. or other)  
 Address 111 W. Lockwood Ave. Date signed 4/22/44

Dr. William A. Smith,  
111 W. Lockwood Ave.,  
Webster Groves, Mo.  
RE. 0010.  
3.5.00 P.M.

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Alan J. Nelly*  
Licensed Embalmer No. 3225

P. O. Address 1125 Hodiamont Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.